

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** December 8, 2004

**TO:** Commission on EMS

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**SUBJECT:** Update on EMT-II Regulations Task Force

**RECOMMENDED ACTION**

Receive information regarding the EMT-II Regulations Task Force.

**FISCAL IMPACT**

The [participants](#) in the EMT-II Regulations Task Force will incur costs associated with staff time and travel. Costs incurred will not be reimbursed by the EMS Authority. The EMS Authority will incur costs associated with staff time, travel, conference calls, and meeting rooms.

**DISCUSSION**

The EMT-II Regulations Task Force held their first meeting on November 17, 2004 in Sacramento at the EMS Authority's office. The Task Force established ground rules and objectives for revising the EMT-II Regulations in a modular format. The Task Force also set a one year timeline to complete recommendations for revision to the EMT-II Regulations. Attached is a list of representatives and their respective constituent groups.

One of the first items for the EMT-II Task Force was to recommend a correction to the recently revised EMT-I Regulations regarding the inclusion of continuing education for EMT-I recertification by a local public safety agency. Section 100058 (a) of the EMT-I Regulations specifies that a program director of an approved training program offered by a public safety agency may certify and recertify an individual who complies with the requirements of this Chapter and who has successfully completed its approved EMT-I course and an approved certifying examination. This provision limits EMT-I recertification by a local public safety agency to successful completion of an approved EMT-I course and does not include continuing education units to apply for EMT-I recertification by a local public safety agency. The provision for a public safety agency to certify as EMT-I was added to the EMT-I Regulations in 1982. In 1994 the EMT-I Regulations were revised and continuing education units were added as an option for EMT-I recertification but were not added to this subsection. This provision was overlooked during the recent revisions to the EMT-I Regulations.

Therefore, the EMT-II Task Force recommends the following amendment to this subsection, "The program director of an approved training program offered by a public safety agency may certify and recertify an individual who complies with the requirements of this Chapter ~~and who has successfully completed its approved EMT-I course and an approved certifying examination.~~" This amendment will require at least one public comment period and that the EMS Authority complete the rulemaking process.

The Commission on EMS, at their December 9, 2003 meeting recommended that the EMS Authority place a sunset clause in the Optional Skills Section of the EMT-I Regulations that would be triggered when the EMT-II Regulations are revised in a modular format. The following optional skills will sunset from the EMT-I Regulations when the EMT-II Regulation revision is approved:

1. Manual Defibrillation,
2. Combitube,
3. Naloxone,
4. Package of Medications and Skill;
  - a. Aspirin,
  - b. Bronchodilators,
  - c. Epinephrine, sub-cutaneous,
  - d. Naloxone,
  - e. Nitroglycerine,
  - f. Glucagon,
  - g. Activated charcoal,
  - h. Blood glucose determination,
5. Mark-I Kits,
6. Establishing an IV under the supervision of a paramedic.

The administration of epinephrine will remain in the Optional Skills Section of the EMT-I Regulations because this medication is specifically authorized for administration in Health and Safety Code, Section 1797.197.

The EMT-II Regulations have been in effect since 1988. The EMS Authority estimates that there are approximately 60,000 EMT-I's and 120 EMT-II's certified in California and approximately 13,000 paramedics licensed in California. Rural communities throughout the state that rely on volunteer emergency responders face tremendous difficulties with limited resources for training and staffing their response units with advanced life support personnel. Some EMS systems have expanded the scope of practice of their EMT-I's through trial studies to deliver a limited advanced life support level of service to meet the needs of their community without requiring their volunteers to complete an entire EMT-II or paramedic program. The recent revision of the EMT-I Regulations has converted a number of trial studies into the optional skills for local EMS systems.

The EMS Authority has framed the modular concept into draft regulations, which contain 6 Modules. The modules begin with the EMT-II Basic Module and additional modules can be added if the local EMS system approves. Each module will contain the minimum number of training topics and hours for completion and are consistent with the U.S. Department of Transportation's EMT-Intermediate National Standard Curriculum. The modules are broken down to:

1. EMT-II Basic Module:

- a. Perform defibrillation with an automated external defibrillator
- b. Perform pulmonary ventilation by use of the esophageal-tracheal airway device
- c. Perform blood glucose checks
- d. Administer the following medications by the route specified:
  - i. Beta 2 agonists via hand-held nebulizer or metered dose inhaler
  - ii. Sublingual administration of nitroglycerine
  - iii. Oral administration of aspirin
  - iv. Intramuscular injection of glucagon
  - v. Subcutaneous injection of epinephrine 1:1,000
  - vi. Intramuscular injection of naloxone
  - vii. Oral administration of activated charcoal

In addition to the activities authorized in the EMT-II Basic Module, a local EMS agency may establish policies and procedures for local approval of an EMT-II student or certified EMT-II to perform any of the following when certified in those modules by the local EMS agency.

2. Module A: Trauma Management

- a. Institute intravenous catheters in extremities

3. Module B: Altered Level of Consciousness

- a. Administer the following medications (must complete the IV module first):
  - i. Intravenous administration of 50% dextrose.
  - ii. Intravenous administration of naloxone.

4. Module C: Cardiac Management

- a. Perform defibrillation and synchronized cardioversion
- b. Intravenous administration of lidocaine
- c. Intravenous administration of atropine
- d. Intravenous administration of epinephrine 1:10,000
- e. Intravenous administration of calcium chloride
- f. Intravenous administration of sodium bicarbonate
- g. Intravenous administration of furosemide

5. Module D: Controlled Substances

- a. Administer morphine sulfate
- b. Administer benzodiazapines

The EMS Authority estimates that the process to complete the EMT-II regulation revision will take approximately two years.